Headquarters
US Army Armor Center and Fort Knox
Fort Knox, Kentucky 40121-5000
14 March 2005

*Fort Knox Reg 600-9

Personnel – General

INSTALLATION SUICIDE PREVENTION PROGRAM

Summary. The Installation Suicide Prevention Program is designed to provide guidance to personnel and promote integration at all levels and implement procedures to reduce risk for suicide. It is the responsibility of all personnel to promote the well-being of Soldiers, families, and civilians on the installation. Promoting well-being includes understanding how to identify at-risk individuals and knowing how to take action to help.

Applicability. This regulation applies to all personnel living and working on the Fort Knox Installation.

Suggested Improvements. The proponent of this regulation is the Directorate of Human Resources. Users are invited to send suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to CDR, US Army Garrison (IMSE-KNX-HRA), Fort Knox, Kentucky 40121-5000.

1. Purpose. To establish installation policies on implementing procedures and reducing the risk of suicide.

2. References:

a. AR 600-63, Army Health Promotion, 28 April 1996.

b. AR 40-216, Neuropsychiatry and Mental Health, 10 August 1984.

c. DA Pam 600-70, US Army Guide to the Prevention of Suicide, 1 November 1985.

d. DOD Directive 6490.1, Mental Health Evaluations of Members of the Armed Forces, 1 October 1997.

e. Memorandum, HQ TRADOC, ATBO-ZI, 21 March 2003, subject: The Tragedy of Suicide—TRADOC Prevention Efforts.

f. TRADOC Reg 350-6, Enlisted Initial Entry Training (IET) Policies and Administration, 15 August 2003 w/changes.

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*This regulation supersedes Thunderbolt Six Policy Memo 38-29, 10 Jan 02, subject: Suicide Prevention.

g. TRADOC Suicide Prevention Policy, 4 June 2004.

h. TRADOC Suicide Prevention Planning Guide, 30 September 1985.

i. AR 165-1, Chaplain Activities in the United States Army, 25 March 2004.

j. DA Pam 165-3, Chaplain Training Strategy, 1 September 1998.

k. Fort Knox Reg 600-5, Installation Prevention Council, 5 June 2001.

3. Terminology:

a. Risk Factors – Those factors that increase an individual's vulnerability to self destructive behaviors.

b. Ideation – A thought or perceived imagination that suicide may be a solution to an individual problem.

c. Gesture – Any action expressed—thought or behavior—that falls short of an intentional effort to commit suicide.

d. Attempt – Any intentional overt act of self murder not resulting in death.

e. Suicide – The action where a person deliberately kills oneself.

4. Suicide Prevention. Suicide is the 11th leading cause of death in America. After accidents, it is the second leading cause of death for military personnel. Each suicide typically affects at least six other people. Suicide is a tragedy that disrupts the lives of the family and the surviving members of the military community. Effective suicide prevention is everyone's responsibility. While it is everyone's responsibility, it must be recognized that it is difficult to identify suicidal intent 100 percent of the time. In some circumstances the best efforts of leaders, peers, family and friends are not enough to prevent some suicides. Therefore, this regulation redefines the goal of suicide prevention as being suicide risk reduction. A multidisciplinary approach to suicide risk reduction allows for installation-wide integration of expertise and optimizes installation resources. This regulation provides a guideline for all disciplines and stakeholders.

5. Responsibilities:

a. Installation Prevention Council (IPC): (See Fort Knox Reg 600-5.)

(1) The IPC meets quarterly to discuss health and welfare issues concerning active duty, civilian employees, and family members living on the installation. The IPC is chaired by the Garrison Commander or designated representative.

(2) The mission of the IPC is to assess the installation environment for potential negative or positive stressors that may affect the well-being of Soldiers and civilians.

(3) The responsibilities of the IPC in the Suicide Prevention Program are:

(a) Quarterly review of suicidal behavior as reported by the Department of Behavioral Health, Ireland Army Community Hospital (IACH).

(b) Discuss risk factors related to reducing the rate of suicides, gestures, and attempts.

(c) Review collaborative efforts of the Installation Prevention Team (IPT).

(d) Conduct an annual review of the installation's suicide prevention program to include reports from each brigade and tenant group.

6. The Garrison Commander will:

a. Chair the Installation Prevention Council.

b. Call special meetings of the IPC and or its subordinate IPT as needed.

c. Spearhead annual senior leadership updates to generate suicide prevention ideas and actions.

d. Provide support and resources to the IPT as appropriate.

7. The Installation Suicide Prevention Officer (ISPO):

a. The ISPO position is an additional duty currently assigned by the Garrison Commander to the Alcohol and Drug Control Officer.

b. Coordinates the suicide prevention program at the installation level on behalf of the Garrison Commander and the IPC.

c. Ensures that installation policy and regulation is current and reflective of Department of the Army suicide prevention plan and directives.

d. Collaborates with installation chaplains, Department of Behavioral Health, and the IPT on suicide prevention initiatives.

e. Provides command and higher headquarters with reports concerning suicidal behavior and completed suicides (source for data is mental health).

f. Plans and implements training for senior leadership as needed.

g. Enters report of suicidal behavior monthly into the TRADOC Suicide Database.

8. Major Activity Commanders and Directors:

a. Brigade commanders will ensure subordinates:

(1) Use the buddy system as a means of identifying Soldiers at risk for suicidal behavior.

(2) Place high-risk Soldiers on a "line-of-sight" control until advised by mental health professionals that the risk has subsided or until the Soldier is separated.

(3) Ensure at-risk Soldiers are escorted to Department of Behavioral Health, IACH, as soon as possible for evaluation and treatment.

(4) Ensure that Soldiers identified as a risk are treated with respect and dignity. Commanders should brief Soldiers involved in the buddy-watch system on avoiding ridicule and maintaining a professional attitude at all times.

(5) Ensure that Drill Sergeants and other cadre in the IET training units attend Applied Suicide Skills Intervention Training (ASIST) per current TRADOC policy for IET mission units.

b. Commanders and Directors will direct their subordinate units and activities through their S3 channels to train an adequate number of personnel in ASIST. This number of personnel to be tasked and trained will be determined by each Commander/Director per the unit need and directives of higher commands. Commanders will have their S3s coordinate with the Staff Chaplain for number of class seats per class they require to meet their needs. The Staff Chaplain will request Chaplains as instructors for each class. The Staff Chaplain will also report class attendance to unit Commanders through S3 channels.

c. Commander of 1st Armor Training Brigade will conduct suicide prevention training for all Soldiers undergoing IET, per TRADOC Regulation 350-6.

d. Commander of 16th Cavalry Regiment will include suicide prevention training annually for all Soldiers and include suicide prevention education and training in leadership development instruction to officers in selected course. The purpose of this education is to sensitize leaders to suicidal dangers of Soldiers, family members, and civilian employees.

e. Commandant of US Army Noncommissioned Officers Academy will include suicide prevention education and training in leadership development instruction to noncommissioned officers in selected courses. The purpose of this education and training is to sensitize leaders to suicidal dangers of Soldiers and their family members.

f. Commander of US Army Medical Department Activities will:

(1) Provide technical expertise to the command, staff, and IPC, especially with regard to advice about stress factors that might result in increased numbers of persons at risk.

(2) Maintain suicide intervention and referral services and train health care providers in crisis prevention techniques using periodic in-service education.

(3) Develop and maintain programs of instruction (POIs), reference material, and suggested audiovisual support materials that will assist in education and training.

9. Office of the Staff Chaplain:

a. The Staff Chaplain will advise, assist, and provide the command regarding the general level of suicide awareness in units and the stress factors that leaders and supervisors may be able to influence. The Staff Chaplain will do this through communication with supervisory chaplains as well as the various special skills chaplains on the installation.

b. The Staff Chaplain will advise, assist, and provide information to the IPC. The Staff Chaplain or representative will serve as a member of the IPT to develop policies and procedures. These policies and procedures will be intended to encourage the proactive monitoring of high risk Soldiers or family members. The Staff Chaplain will ensure Chaplain intervention is available in the event of a suicide crisis situation. As a member of the IPC, the Staff Chaplain will provide religious support and training. This religious support will be in conjunction with the other support provided by the medical and social services agencies in suicide prevention and family advocacy matters.

c. In coordination with the TRADOC Chaplain's Office, the Staff Chaplain will designate Unit Ministry Team (UMT) members for specialized suicide basic and advance training.

d. Assist the IPT in preparation of annual suicide training report to be submitted to the IPC.

e. The Staff Chaplain will participate as an integral part of comprehensive and installation-wide ASIST program. The Staff Chaplain will provide instructors for the ASIST classes as required to meet the needs of unit Commanders. This will be part of a training strategy driven by Commanders' needs and requested and monitored through S3 channels.

10. Unit Level Commanders/Supervisors:

a. Ensure suicide prevention training is incorporated into training schedules and being given to all personnel annually.

b. Ensure that the topic of at least one noncommissioned officer professional development/officer professional development (NCOPD/OPD) is conducted annually involving issues concerning mental health.

c. Maintain situational awareness for Soldiers/civilians experiencing life crisis.

d. Unit Commanders will detail students to be trained in ASIST per taskings through their S3 channels. Units will meet training goals of their higher unit Commanders for numbers and positions of personnel to be trained annually in ASIST.

e. Develop a caring command environment that is empathetic toward family members without loss of military discipline.

f. Establish SOPs at each command level, which include policy followed upon the discovery of a suicide, attempt, or gesture.

g. Before unit deployment, establish a rear Detachment Family Member Liaison Officer/ NCO, conduct family member stress management education and training, establish family member support groups, and provide emergency and referral agencies' phone numbers and locations.

h. In cases of self-inflicted injury or suicide, a Line-of-Duty investigation will be conducted per AR 600-8-4, Line of Duty Procedures and Investigations, para 2-3(4), 15 April 2004.

i. Use the buddy system as a means of identifying high-risk Soldiers/civilians.

j. At-risk Soldiers should not be given leave to go home.

k. Ensure subordinates take prompt actions to refer Soldiers/civilians for appropriate assistance when early warning signs become evident.

l. Leaders must assure Soldiers/civilians of confidentiality and reduce stigma attached to seeking help.

m. Place high-risk Soldiers on a line-of-sight control until advised by mental health professionals that the risk has subsided or until the Soldier is separated.

(1) Ensure that Soldiers/civilians identified as at risk are treated with respect and dignity. Commanders should brief Soldiers/civilians involved in the buddy-watch system on avoiding ridicule and maintaining a professional attitude at all times.

(2) Identify situations where the line-of-sight may not be enforced such as Soldiers/civilians going to the latrine, transition periods from training/working to another

appointment. Commanders/supervisors must ensure that Soldiers/civilians on line-of-sight watch are not left alone.

(3) Ensure that the Unit Ministry Team is aware of the high-risk situation and is involved in the crisis management of the at-risk individual. Involvement should include interface with the mental health professional and regular followup until the individual has been determined to no longer be in danger of self harm.

n. Reinforce registration of privately-owned weapons.

o. Ensure that company resource referral phone numbers are posted on bulletin boards that are located in high visibility areas.

p. Provide written reports of all suicide prevention training conducted during the fiscal year through the chain of command to the ISPO for report to the IPC.

11. Unit Ministry Team (UMT) Responsibilities:

a. The UMT consists of one chaplain and chaplain's assistant and is the primary trainer at the unit level. In coordination with the Staff Chaplain and the command, the UMT will offer programs to encourage and build healthy marital and family relationships. These programs may include topics such as couple communication, marital enrichment skills, family wellness workshops, effective parenting classes, and other activities that will address the myriad relational stresses and crisis events that precede suicidal acts or gestures.

b. UMT personnel will refer any suicidal individual to the medical treatment facility (MTF) or Department of Behavioral Health. When a person is referred for treatment, UMT personnel may undertake post intervention actions in their role as primary staff officers, unit chaplains or community pastors, or acting as advisors to the commanders.

c. Assist the unit commander in maintaining positive control of the line-of-sight procedure.

d. Work as liaison with the Staff Chaplain's office to keep commander informed of upcoming ASIST training and maintain record of the number of unit personnel trained in ASIST.

12. Provost Marshal Responsibilities:

a. Ensure military police forces respond to potential suicide situations discretely and cautiously to avoid increasing stress.

b. Provide feedback information to the IPC, as appropriate, on any suicide-related events that may have occurred on post.

c. Provide reinforcing awareness training concerning identification of persons at risk for suicide to the military police at in-service training and professional development classes.

13. Criminal Investigation Division (CID):

a. Investigate all suicides or suspected suicides.

b. Establish liaison with local civilian police agencies, as appropriate, to obtain information regarding suicide related events involving military personnel, their families, or civilian employees, which may have occurred off post, and provide such information to the task force.

c. As allowed by appropriate regulations, provide the task force extracts from the CID reports of investigation (including psychological autopsy).

14. Civilian Personnel Advisory Center (CPAC):

a. The CPAC will coordinate suicide prevention training and drug and alcohol training for civilian managers and supervisors.

b. Make referral to the Employees Assistance Program (EAP) if contacted by an employee or supervisor that personal problems such as depression or loss of a significant relationship is affecting the employee's ability to cope with stress on the job.

c. Work with EAP coordinator to ensure that civilian employees receive suicide prevention information annually.

d. Collaborate with ISPO and the Chaplain to advertise upcoming ASIST training to civilian employees, especially supervisors.

15. Employees Assistance Program Coordinator:

a. Provide screening and referral to mental health for civilian employees who report experiencing suicidal ideations, gestures, and attempts. Furthermore, referral to mental health should be made for employees experiencing depression.

b. Ensure that instruction on recognizing at-risk warning signs are included in supervisor training.

c. Provide briefing on suicide prevention to offices or agencies upon request.

d. Maintain a current list of local referral sources in order to respond to inquiries.

16. Army Community Service (ACS):

a. Upon request, provide materials (child abuse, suicide and children, domestic violence, family wellness, etc.) necessary for distributing to units and family members.

b. Provide input, as necessary, to council members of trends seen at the unit level.

c. Upon request from individuals in the chain of command, family, or referral agency, make a home assistance visit to ensure that family overall needs have been met, which include: financial assistance, transportation requirements, relocation assistance, personal needs (child care, food, etc.), and mortuary services.

d. Provide family members/civilian employees with referral information to appropriate agencies (i.e., Social Work Service, Chaplains, American Red Cross, Army Emergency Relief, and Casualty Branch).

e. Provide followup with a phone call or visit to the family to assist with long-term needs or final family needs.

f. Ensure that staff members receive ASIST as part of their professional development plan.

17. Fort Knox Community Schools (FKCS)/Child Development Services (CDS)/School Age Services (SAS)/Youth Services (YS):

a. Counselors, teachers, and other school personnel as well as CDS, SAS, and YS personnel, who encounter a child, adolescent, or teenager with suicidal thoughts or behavior should contact the IACH at 624-HELP. Parents will also be immediately contacted, except in cases involving possible child abuse by the parent.

b. Refer teachers and staff to ASIST training as school training schedule allows.

c. The FKCS will coordinate with ACS Family Advocacy Program to provide in-service training to teachers, counselors, and school staff in recognizing stress-related behaviors and what referral services are available.

18. Suicide Prevention/Intervention Guidelines. Soldier suicide attempts: Upon finding someone who has deliberately injured themselves, take immediate action.

a. Administer first aid, as needed.

b. Call 911 to obtain emergency services (fire, ambulance, Military Police).

c. The Soldier/civilian will be continuously accompanied and observed by a responsible person from the unit.

d. Notify the supervisor or other unit representative.

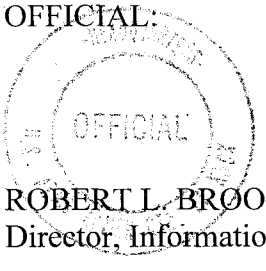
e. Emergency Room (ER) personnel will provide emergency treatment, as necessary, and evaluation to determine if hospitalization for injuries is necessary. Whether or not a medical emergency, any Soldier who requires ER treatment for a suicide threat, gesture, or attempt should be immediately evaluated by Department of Behavioral Health (if during duty hours), or placed under such level of observation deemed appropriate by the mental health provider on-call (if after duty hours or on weekends), pending Department of Behavioral Health evaluation. This may include admission to an inpatient psychiatric service, placement of the Soldier under continuous watch in the unit, return home with observation by family members or other reliable persons, or lesser degrees of restriction based on assessment of the individual by the Department of Behavioral Health on-call provider. In all cases of suicide attempts, threats, or gestures seen in the IACH ER, ER personnel will consult with the on-call Department of Behavioral Health provider before releasing the patient from the ER.

f. Department of Behavioral Health will evaluate the Soldier. Recommendation for separation from the Army will be made only if there is a psychiatric disorder or if there is a low probability of successful adjustment to the Army. The Soldier will be returned to the unit with a treatment plan, which may include observation/encouragement by cadre and a "buddy" and will involve followup counseling by Department of Behavioral Health and/or the chaplain.

FOR THE COMMANDER:

KEITH A. ARMSTRONG
COL, AR
Garrison Commander

OFFICIAL:



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